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ABSTRACT

A conference in Washington, D.C., brought together health care professionals and people working on substance abuse issues to take a look at what four communities have done to use the health care system as part of a strategy to address substance abuse. The four communities are Vallejo (California), Santa Barbara (California), Little Rock (Arkansas), and Gloucester (Massachusetts). Each of these communities, three of which receive funding from the Robert Wood Johnson Foundation's "Fighting Back" program, is struggling to address substance abuse problems cost effectively in a changing health care environment. The communities face many different problems, but their approaches to strengthening and using the health care system share the following elements essential for success: (1) strong leadership; (2) a "vision" or blueprint for change; (3) sufficient financial resources; (4) a strong network of groups with different interests; and (5) a lead agency guiding the efforts of many groups working toward a common goal. Profiles of the four programs show specific strategies they have used. Enlisting the cooperation of schools, especially for referrals, is an important factor. (SLD)

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How Community Efforts to Reduce Substance Abuse Have Affected Health Care

Lessons Learned Conferences
Seminar Report 1998

Join Together

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How Community Efforts to Reduce Substance Abuse Have Affected Health Care

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Expanding the Health Care System in Your Community: Part of a Strategy to Address Substance Abuse

Substance abuse is a pervasive problem in communities across the nation. Emergency rooms are filled with patients who have medical problems as the result of alcohol or drug addictions. Doctors often miss the signs of chemical addictions during routine health care visits. Parents of kids who abuse alcohol and drugs frequently can't access the treatment their youngsters need. These and a host of other problems threaten the wellbeing of people everywhere. In the face of shrinking funds and a rapidly changing health care environment, how can communities fight back and develop comprehensive programs that will safeguard residents and at the same time prove to be cost-effective?

These questions were at the heart of a recent conference held in Washington, D.C., which brought together health care professionals and people working on substance abuse issues to take a look at what four communities have done that is, truly, making a difference.

These four communities are: Vallejo, Calif., Santa Barbara, Calif., Little Rock, Ark., and Gloucester, Mass. Thousands of miles separate these four areas, which all boast different climates, different traditions, different ethnic groups, different cultural norms and different sets of problems. Yet for all of their differences, there is a common thread that runs through all these communities: each is struggling to cost-effectively address substance abuse problems in a changing health care environment.

What follows is a brief overview of the different problems facing these four communities and a look at the programs these communities have integrated into their existing health care systems. We will examine some of the common elements all of these programs share and consider what it is about them that has made them successful. And finally, we will provide you with some ideas on how you can start similar efforts in your own community.

Three of the programs highlighted in this newsletter have received continued funding under the Fighting Back Program from The Robert Wood Johnson Foundation. They are Vallejo Fighting Back, Santa Barbara Fighting Back and the Little Rock Fighting Back programs.

To obtain the full conference report, call Join Together at (617) 437-1500.

To begin, it's important to note that all of these programs share five elements which we believe are essential for success:

- **Strong leadership**
- **A "vision" or blueprint for change**
- **Sufficient financial resources**
- **A strong network of groups with different interests**
- **A lead agency guiding the efforts of many groups working toward a common goal**

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Profile

Vallejo, California

Offering substance abuse treatment services not only benefits clients, it can save money, too. That's what Fighting Back in Vallejo, Calif., found when it joined with the health maintenance organization Kaiser Permanente to provide a substance abuse benefit to all of Kaiser's subscribers in Vallejo and Sacramento, including recipients of Medi-Cal, which is California's version of Medicaid. Since the program began in 1994, hospital stays for both Medi-Cal and other subscribers have dropped by more than 50 percent. That's meant a significant cost saving for Kaiser, which offered the benefit to Medi-Cal subscribers without compensation, figuring it would save money in the long run.

The beginning

In 1987, alarmed by a rapid increase in cocaine use in the community, an informal group of health care and human service professionals gathered to discuss treatment and prevention strategies. The city government eventually joined the group and provided a seed grant of $60,000. The following year, this group applied for funding from The Robert Wood Johnson Foundation and received a grant to become a Fighting Back Partnership. This Fighting Back grant ultimately helped the Partnership also win a CSAP (Center for Substance Abuse Prevention) Partnership grant in 1991 to futher expand and enhance its substance abuse prevention programs.

In the meantime, in 1989, Kaiser Permanente of Vallejo began to explore the idea of upgrading its chemical dependency services. At the time it was providing only two low-intensity group counseling sessions a week to its subscribers with addictions.

A new partnership is formed

When the Fighting Back staff learned of Kaiser's interest in this area, it urged the HMO to strengthen its commitment to substance abuse treatment and prevention. Kaiser became involved in providing health care to persons eligible for Medi-Cal after the Solano County government closed its hospital in 1980. The resulting financial losses led to the formation of a quasi-public, countywide health authority to manage health care for Medi-Cal recipients in Solano County. The health authority contracts with private physicians and hospitals to provide care to Medi-Cal recipients. Providers are paid on a capitated basis and the health authority tries to equitably distribute Medi-Cal beneficiaries throughout the county. Kaiser's "fair share" is 10,000 Medi-Cal subscribers.

Expanding services to reach those in need

Under a basic Kaiser medical care plan, subscribers are entitled to an outpatient substance abuse benefit. Kaiser decided to offer this benefit to its Medi-Cal subscribers in Vallejo, even though their capitated rate did not include the cost of a substance abuse benefit. Kaiser's staff

About Kaiser

Kaiser is the largest non-profit Health Maintenance Organization in the country. It is located in the District of Columbia, California, Colorado, Connecticut, Georgia, Hawaii, Kansas, Maryland, Massachusetts, Missouri, New York, North Carolina, Ohio, Oregon, South Carolina, Texas, Vermont, Virginia, & Washington. Information about Kaiser can be found on their web page http://www.kaiperm.org

About Vallejo Fighting Back Partnership

Vallejo Fighting Back accomplishes its goals by joining together with others. For example, they were instrumental in creating the Solano Partnership Health Plan. And they were a driving force in developing a local Medi-Cal system leading to Kaiser's decision to provide substance abuse services to 10,000 Medi-Cal patients.

Vallejo is a coastal community surrounded by rolling hills that is located about 30 miles northeast of San Francisco. Its population of 114,689 has grown by 40 percent since 1980.

Lessons Learned

- Outpatient substance abuse treatment is cost-effective.
- Partnerships between a health care provider and a community group can facilitate innovative systemic changes in health services.
- Managed care organizations can provide cost effective substance abuse services to the Medicaid and other populations.

believed that this move would help them stay within their basic capitated rate because outpatient substance abuse services would reduce the use of inpatient services.

The results

A study of 177 patients who received outpatient substance abuse services shows that the number of hospital stays dropped by more than half of what was projected, based upon their pre-treatment hospitalization utilization pattern. The plan is also working at a Kaiser facility in Sacramento, Calif., where another study shows that inpatient stays are down by half among the general subscriber population who received outpatient substance abuse treatment.

"It is hard to imagine a more compelling set of lessons learned," than those from Vallejo, said Dr. Michael McGinnis, a scholar-in-residence at the National Academy of Sciences, who participated in the conference.

"This shows that in a large health care organization, there are financial incentives to providing this sort of care," Dr. Steve Allen, director of Kaiser's Chemical Dependency Recovery Program, told one newspaper reporter. "If you treat them here, you save buckets of money down the line." For more information, contact Jane Callahan, Vallejo Fighting Back Partnership at (707) 648-5230.

What Others Are Doing

➤ **Newark Fighting Back Partnership (NFB) has started the Early Identification Program of Pregnant, Substance Abusing Women through Mercy Health Plan. Mercy Health Plan is the Medicaid subsidiary of Blue Cross/Blue Shield of New Jersey. NFB convened a group consisting of health care providers, hospitals with detoxification services and social and other ancillary support services. They established a network of community-based organizations which help recruit eligible women. This program is modeled after Vallejo, Calif. However, Newark Fighting Back is not only the convenor and facilitator, but also acts as the coordinating entity.**

Contact: Deborah Edwards, Newark Fighting Back Partnership (973) 242-8200.

➤ **In 1995, with the help of the coalition, Strengthening Our Families/Saving Our Communities, Rhode Island formed Rite Care, which is a statewide Medicaid program. This system is designed to provide health services, including substance abuse and mental health treatment, to all low-income and AFDC Families. Strengthening Our Families/Saving Communities offers direct prevention services, as well as education and training on prevention issues to HMOs as the low-income and AFDC population becomes fully integrated into the managed care system.**

Contact: Susan Colavecchio, Strengthening Our Families/ Saving Our Communities (401) 421-7740 ext. 334.

Profile

Santa Barbara, California

Recognizing that substance abuse was an underlying problem behind many emergency visits at Cottage Hospital, an "early identification" program was created in the emergency room there. This program brings in a trained substance abuse specialist who intervenes with patients, trains staff, and develops services in the community. This effort has successfully changed the response of hospital staff to people with substance abuse problems and raised community awareness of pressing policy concerns related to substance abuse prevention and treatment.

The beginning

Like many other communities around the country in the late 80s, Santa Barbara was grappling with a rapidly rising substance abuse problem. In an effort to try to make things better, the Santa Barbara Council on Alcoholism convened leading members of the community — including the director of the local community college, the chief of police and the chair of the county commissioners — to create a community-wide plan to combat substance abuse.

Around the same time, a group of physicians got together and formed a loose coalition to address substance abuse and treatment in Santa Barbara. In the meantime, the Council on Alcoholism applied for — and received — a Robert Wood Johnson Foundation grant to start a Fighting Back partnership under its auspices. This group is governed by a Citizen's Task Force of 50 community leaders and a 17-member steering committee. Following the formation of Fighting Back, the physician's group reorganized to operate through this partnership as the Hospitals and Health Care Committee. The new committee and Fighting Back funds provided a much-needed opportunity for the physicians to conduct strategic planning and needs assessment, train medical personnel, and develop more adequate treatment services.

Why an "early identification" program?

Repeat patients with substance abuse problems —referred to as "frequent fliers" —were overwhelming emergency room staff at Cottage Hospital, which is the largest acute care hospital in Santa Barbara. In fact, after 10 p.m. a full 82 percent of admissions were substance abuse-related. Compounding this problem was the fact that there were few places in the community where the hospital could refer people with addictions.

Given the severity of the problem, in 1992 the Hospitals and Health Care Committee decided to use Fighting Back funds to hire an "early identification" specialist who would be based in the emergency room at Cottage. This specialist would train staff in serving persons with substance abuse problems, conduct outreach with community agencies, and serve as a referral resource.

The Committee felt the "early identification" approach made sense because research showed

About Santa Barbara Fighting Back

The Santa Barbara Fighting Back project is governed by a Citizen's Task Force of 50 key Leaders. They include: Newspaper publisher, Major hospital CEO, City Council Members, Chief of Police, District Attorney, Superintendent of School District, CEO of YMCA, President of local bank, President of United Way, Executive Director of Chamber of Commerce, General Manager of local television station, President of City College, Judge, Executive Director of Community Foundation, Principals of all junior high and high schools, Vice Chancellor of University and others.

Santa Barbara is a popular tourist spot renowned for its beautiful coastline, majestic mountains and scenic rural valleys. The total population for the county is approximately 400,000.

Lessons Learned

- The hospital emergency room is a good place to identify and refer people who need help with substance abuse.
- Hospitals can benefit through greater referrals to their own programs and more efficient use of staff time.
- A trained substance abuse specialist is a great asset for training hospital staff and building a local community service infrastructure.
- Hospital personnel need to be constantly trained and retrained about substance abuse. Because of staff turnover, there are always new staff who need training.

that people in need of services often resist entering treatment. Therefore, early identification needed to be "mainstreamed" within the regular medical setting to allow identification of people who might not otherwise have come to the attention of substance abuse treatment providers.

The results

The early identification specialist worked nights and weekends in the Cottage Hospital emergency room, and over time heightened the awareness of hospital personnel to substance abuse concerns. His intervention with patients freed up busy hospital staff and therefore saved personnel costs. Patients found to be in need of treatment were referred to the hospital's inpatient substance abuse unit, or to other area treatment facilities.

As a result, the number of "frequent fliers" (patients who were seen repeatedly for substance abuse-related problems) significantly declined.

In 1994, the program was reorganized and the early identification program was placed in a newly formed Emergency Psychiatric Service. More specialists have been hired to interact with emergency room patients, and the scope of the program has been expanded to include psychiatric disorders.

For more information, contact Penny Jenkins, Santa Barbara Fighting Back at (805) 963-1433.

What Others Are Doing

➤ **Project Neighborhood in Kansas City, Missouri, recently started a health care intervention program at Truman Medical Center. Three screeners have been placed in the emergency room to make initial assessments of patients when they come in. If a patient demonstrates signs of chemical dependency and is ready, he or she will begin intensive case management (utilizing "strength based" case management which focuses on the assets the patient brings, not the deficits). Low-income patients without insurance can receive inpatient treatment, outpatient treatment or relapse prevention because Project Neighborhood has a service agreement with Truman Medical Center, providing needed staff to do the interventions. This arrangement proves to be a win for both sides. Contact: Jim Bridgeford, Project Neighborhood (816) 842-8515.**

➤ **New York's innovative program to intervene with "problem drinkers" in hospitals and link them with treatment or self-help has cut the amount of heavy drinking by nearly 50 percent, according to a study by the Office of Alcoholism and Substance Abuse Services and Brown University. This intervention provides referrals to successful treatment services and thereby reduces drinking. This means that health care costs are reduced by cutting down on the extent of repeat hospitalizations because of alcohol or other drugs, explained Commissioner Jean Somers Miller, New York State Office of the Alcoholism and Substance Abuse Services. Contact: Richard Chady, New York State Office of Alcoholism and Substance Abuse Services (518) 473-3460.**

Profile

Little Rock, Arkansas

When the Little Rock Fighting Back Partnership created a 12-point plan to fight substance abuse in 1992, it included "Insure the Children," an ambitious program to provide substance abuse treatment for the children of Little Rock. The plan has evolved since its founding, and recent evaluations show that parents and children are satisfied with the program and that substance abuse has declined among children who've completed the program.

The beginning

In 1991, Little Rock was facing a major substance abuse crisis. Recognizing this fact, the Little Rock Fighting Back Partnership (which operates as a formal department of the City of Little Rock) pulled together "response teams" and engaged more than 280 community leaders and residents to participate in an extensive planning process to determine the priority areas that the group wanted to tackle. A total of 12 areas were identified, and one of them was to provide substance abuse services for youth who needed them.

Why school-based substance abuse insurance

The partnership realized that publicly-assisted services for adolescents were non-existent, meaning that children without insurance or money who had substance abuse problems went without treatment. In an effort to change this unfortunate fact, the group created "Insure the Children," an ambitious program administered by Blue Cross/Blue Shield to provide substance abuse treatment for the children of Little Rock.

Under this program, all 27,000 children in the Little Rock School District were covered for access to inpatient and outpatient substance abuse treatment. Initially, the program was designed for parents to pay a $10 donation, with remaining funds to be raised through public donations.

How Did Little Rock Do It?

Three assessment personnel were hired for the 1991-92 school year with funds from Fighting Back, the state Office of Substance Abuse Prevention and the school district. Student assistance teams were formed within the schools to support youth participating in the program.

After a year, the program ran into financial difficulties because a few patients referred to inpatient services quickly exhausted

About Little Rock Fighting Back

The Little Rock Fighting Back partnership worked with health care professionals and city leaders in 1992 to pass a half-cent sales tax in the city to fund law enforcement, treatment and prevention services. The tax proposal was called FUTURE-Little Rock. This proposal was approved in November of 1993, with the provision that for every dollar set aside for law enforcement, one dollar would go toward treatment and prevention programs. Today, this tax provides over $1,000,000 annually for substance abuse treatment and prevention initiatives.

Little Rock is the center of education, finance, government and medicine in Arkansas. It is also the hub for all forms of transportation in the state. Its population is 175,795 within city limits.

Lessons Learned

- **Outpatient treatment programs can reduce substance abuse for children.**
- **Community partnerships can build support for broad-based designated tax support for treatment and prevention programs.**
- **A well-informed referral network is key to getting people to the right treatment services.**

available funds. Facing mounting financial losses, the program was suspended with the goal of restructuring it on sounder financial footing.

A second chance

The program was resurrected in 1995 with funding from a half-cent sales tax which supports law enforcement and prevention services. The tax passed with the support of the Partnership, health care professionals and city leaders. Funding from the tax measure now supports the revised Insure the Children program which provides outpatient substance abuse services for children ages 7-18. The program is based at the Arkansas Children's Hospital with referrals primarily from the Little Rock School District.

Building Upon Program Success

Insure the Children is an important program innovation with a direct and positive impact on the children and youth of Little Rock. It also serves as a major source of information about substance abuse in Little Rock and provides the Fighting Back Partnership with tangible, meaningful accomplishments. The challenge for Insure the Children is to use the achievements of the program to enhance and expand upon treatment and prevention opportunities available to children and adults in Little Rock.

For more information, contact Rick Colclasure, Little Rock Fighting Back at (501) 399-3420.

What Others are Doing

➤ **In 1989, 63 percent of Kansas City, Missouri, citizens voted to approve a modest sales tax of one-quarter of a percent to finance drug treatment, prevention and law enforcement. This was in response to a surge of violent crime that was linked to crack cocaine. In 1997, the tax still remained popular even though it raised the combined city and state tax to about 6.5 percent in Kansas City and 6 percent elsewhere. This anti-drug tax, called COMBAT, Community Based Anti-Drug Tax, has been credited with the following results: violent crime has declined 30 percent and as many as 700 people a month have entered or returned to treatment. Some residents say the self-imposed tax has strengthened a willingness to work across racial and economic lines to resolve the drug problem. Contact: James Nunnelly, Jackson County Prosecutor's Office (816) 881-3832**

➤ **A new adolescent substance abuse treatment center recently opened its doors in Oakland, California. This is the second center of its kind in the community, and both were started by a partnership between Oakland Fighting Back's Project Emerge and a local hospital and treatment center. The first center, which serves 375 kids, was so successful that Project Emerge decided to create this second facility to meet the demand that exists.**

For more information, contact Elize Brown at Project Emerge (510) 419-0973.

Profile

Gloucester, Massachusetts

The Gloucester Prevention Network (GPN) was formed in 1990 to tackle substance abuse problems in the community. Since its inception, GPN has reached out to health care organizations in the community to educate residents on how to recognize the signs of substance abuse and make healthy choices in their own lives. It also works to integrate prevention messages into a host of communitywide activities. Recently, GPN became a part of Northeast Health Systems, the largest provider of health care services in 12 communities north of Boston, thereby extending its reach.

The beginning

Deaths caused by heroin overdoses were on the rise in Gloucester, Mass., in the late 1980's. This alarming fact spurred the mayor and residents to form a group to try to do something to prevent any more unnecessary deaths. Out of this task force came the Gloucester Prevention Network, which was funded in 1990 by the Center for Substance Abuse Prevention (CSAP).

GPN's initial goal: to empower local citizens using a community systems model to prevent substance abuse. Based on the premise that people respond most effectively and take action when they are personally interested or invested in a group or activity, GPN sought to integrate the message of prevention into everyday events like a visit to the doctor or extra-curricular activities like sports at school.

Building community partnerships

GPN decided to get diverse youth athletic organizations that operate independently to promote a unified prevention message to their teams. By doing a needs assessment, GPN discovered that all coaches of these teams were concerned about preventing sports injuries. GPN responded by bringing all the coaches of sports organizations together and providing them with the training and information needed on sports injuries. This showed participants that by partnering with other coaches for training sessions such as this, they could share work and expenses and have more to invest in equipment for their individual teams. This led to the beginning of a valuable network among Gloucester's youth athletic teams. With this structure in place, GPN then asked the coaches to promote healthy lifestyles—including substance abuse prevention— among their players. In the end, GPN theorized, community norms can be changed by citizens with greater awareness and knowledge of how to intervene and prevent substance abuse.

The results

In 1995, GPN and its mission were restructured when it merged with Northeast Health Systems, a diverse operation, which includes three hospitals and a residential substance abuse program.

About the Gloucester Prevention Network

A defining moment for GPN came when it merged with Northeast Health Systems. As a result of this move, GPN's scope was broadened to include 12 communities. The community empowerment model of prevention is still the overriding theme of the new partnership program called Community P.L.A.N.S.

The merger has required changes by both groups. GPN had to learn to co-exist within a large, multipurpose organization. Both organizations had different values and purposes. Each had to learn to take advantage of their respective strengths. For example, GPN has strong contacts in the community that Northeast Health Systems needed. Northeast Health Systems has medical expertise and services. In addition, Northeast has a strong organizational support system. All of this benefited GPN.

The City of Gloucester is located about 25 miles from Boston. Housing one of the top three fishing ports in the northeast, its population is 29,987. Summer residents account for about one-third of this number.

Lessons Learned

- **Community partnerships can change community norms on substance abuse by utilizing existing networks of citizens working on other issues.**
- **Integrating community prevention within a health care system is a very difficult, challenging task and requires the commitment of top level administrators.**
- **Sustaining community prevention remains difficult due to the dependence of prevention programs on grants and contracts, but community prevention can get institutional support from large corporate partners.**

In the aftermath of the merger, GPN's founder Phil Salzman launched a program called "Health Link," which puts an integrated team of primary care physicians and behavioral health specialists into the community to provide assessment, training and early intervention services. A "Life-Style Specialist" component of the program is in the formative stages. Salzman envisions the specialist serving as a bridge between medical staff, human services providers, and patients. The primary goal is to train professionals and citizens in healthy behavior and to facilitate increased use of services.

An example of how Health Link works: A 59-year-old man seeks treatment from a physician for depression, but in the absence of an alcohol assessment the physician is unaware that the depression is linked to alcoholism. Under the Health Link program, a Life-Style Specialist would train the doctor to recognize symptoms of alcoholism and take action.

Northeast Systems views this program as integral to its overall goal of patient wellness; it committed more than $200,000 at the time of the merger to initiate and support the program.

For more information, contact Marsie Silvestro, Gloucester Prevention Network at (508) 281-0311.

What Others are Doing

➤ **The Cambridge, Mass., Prevention Coalition organized a group of six hospital representatives (including vice presidents and addiction specialists) to develop a 12-point prevention-related managed care strategic plan for the city. The plan focuses on assessing the needs of service providers, distributing resource materials about substance abuse services, designing and conducting trainings on the basis of provider needs (including substance abuse identification and referral for primary care providers) and evaluating the designed programs.**

Contact: Jack Vondras, Cambridge Substance Abuse Task Force, (617) 349-6346.

➤ **The Detroit Recreation Department recently partnered with the local Little League in an effort to help change community norms. The goal was to get young athletes to read more books. In an effort to accomplish this, the Little League program broadened team standings in the community to be based not only on winning or losing games but also on how many books the players read. As part of the program, the teams accumulate points for books read and for book reports turned in. The Recreation Department is also establishing reading centers to make it easy for youngsters to get access to books. In addition, members of the professional Detroit Tigers are meeting with youngsters and stressing the importance of making reading a regular part of their lives.**

Contact: Ernest Burkeen, Jr., Detroit Department of Parks and Recreation (313) 224-1123.

How You Can Apply the "Lessons Learned" in Your Own Community

The examples set by these four communities provide valuable models of how working with your local health care system can be an important part of your own strategy to fight substance abuse. As Vallejo, Santa Barbara, Little Rock and Gloucester have shown, building new partnerships with health care providers, health maintenance organizations and hospitals can be an effective way to save money, protect kids, educate residents and create a healthier place to live.

Key to these successful partnerships are the following important factors: leadership, vision, financial resources, cooperative networks and a lead agency. All of the case studies we have presented in this newsletter reveal that these factors do — truly — make a difference.

We encourage you to use the models we have provided here to help you think broadly and creatively as you evaluate your own strengths and weaknesses, develop a plan of action, approach new groups and form effective partnerships.

If you would like to reach out to medical professionals and others in your area to address substance abuse issues locally, here are some ideas that might help you get started:

— Talk to your local or state medical society, your local commissioner of health, health maintenance organizations, insurance companies, schools, treatment providers and others who care about this issue to determine how you can work together.

— Talk to emergency room personnel, hospital admission staff, your local health department and police to determine the connection between substance abuse and injury and health problems locally. What types of referral systems are in place? What else can be done to make sure people with addictions access the services they need?

— Help build resiliency in youth so they are more likely to resist drugs. Work with local schools, youth groups, athletic teams, recreational centers and other groups to integrate prevention messages into their activities. Involve parents, youth and other adults in your efforts.

— Consider implementing an early detection, referral and treatment guideline for doctors and hospital personnel to follow in your area. (For more information on these guidelines, contact the Group Health Cooperative at 206-448-4141.)

— Work with other professional organizations in your community to help educate decisionmakers concerning local, state, and federal policies related to substance abuse problems.

Resources

If you would like more information about expanding the health care system in your community, you can contact the following groups:

Center for Studying Health System Change
600 Maryland Ave., SW
Suite 550
Washington, DC 20024-2512
(202) 484-5261
A source of independent analysis and information on key health systems change. (Also visit their web site at www.hschange.com)

New York Office of Alcoholism and Substance Abuse Services
1450 Western Ave.
Albany, NY 12203
(518) 473-3460
Provides a helpful publication called Guide for Health Workers to Identify and Refer Addiction Patients.

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847
1 (800) 729-6686
Provides a wide variety of alcohol and drug information, including a publication called Physicians for Prevention. Also The Physicians' Guide to Helping Patients With Alcohol Problems, 1995, NIAAA (Visit their web site at www.health.org)

Websites to visit:

Alcohol and Drug Services Homepage
www.shopthenet.net/ads/index.html

This site includes information on education, prevention, treatment and criminal justice initiatives; a list of 1-800 phone lines for addiction and substance abuse information; prevention information and tips, links to related sites; and alcohol and drug statistics.

Intervention Center
www.intervention.com/

A resource for families and organizations dealing with someone involved in alcohol, drugs, or some other self-destructive behavior.

SAMHSA's National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs
www.health.org/daatpp.htm

This database provides a listing of federal, state, local, and private providers of alcoholism and drug abuse treatment and prevention services.

Join Together Online
www.jointogether.org

This innovative web site connects people across the country electronically to share stategies that work to fight substance abuse and gun violence.

The Lessons Learned Conferences

The information we have provided here comes from a conference held in the spring of 1997 which was convened by Join Together with a grant from The Robert Wood Johnson Foundation. This was the first in a series of three seminars designed to look at promising practices and systems change. The goal of this series is to help broadly disseminate information about programs that are making a difference, so other groups can benefit from the "lessons learned" by others. By bringing together participants from a wide range of disciplines, communities can learn from others' successes. A full report of the proceedings from the first conference, which is summarized in this publication, is available from Join Together.

The second conference, which was held in late fall of 1997, looked at how fighting substance abuse has affected the civic infrastructure of communities. The newsletter and full conference report detailing the results of the conference will be available in early 1998. The third seminar, which is scheduled to be held in the spring of 1998, will look at how fighting substance abuse has affected race relations. That newsletter and report will be released shortly afterward.

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JOIN TOGETHER

If you are interested in getting more information about the Lessons Learned series, or to obtain the full report from the first conference, contact:

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